

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|---------|---------|
| FEE DETERMINATION | J.B. | | 3/24/99 |
| O.I.P.E. CLASSIFIER | | 70014 5 | 3-31-99 |
| FORMALITY REVIEW | DB | | 4/7/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | 10/26 | 3/26/02 | 5/18/02 | 5/31/03 | 11/6/03 | Date |
|-------|-------|----------|-------|---------|---------|---------|---------|------|
| 1 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
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| 4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 7 | 0 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 8 | 0 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 9 | 0 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 10 | 0 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 11 | 0 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 12 | 0 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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